

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

160

63-052021

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Trenton

Length of stay in 1b

27 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Wright Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Mercer

c. CITY OR TOWN

Princeton

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rural

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Thomas

M.

Fullerton

4. DATE OF DEATH

Month

Day

Year

August

26

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/30/1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

grain & stock farm

11. BIRTHPLACE (City and state or country)

Princeton-Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas M. Fullerton

13b. MOTHER'S MAIDEN NAME

Harriet George

14. NAME OF HUSBAND OR WIFE

Ethel Fullerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W. ONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Ethel Fullerton-Princeton-MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Heart Coronary / Phosphorus

INTERVAL BETWEEN ONSET AND DEATH

25 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-1-63

to 8-26-63

and last saw her

him alive on

8-26-63

Death occurred at

12:15 p.m.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Olemer F. Duffly MD

22b. ADDRESS

Trenton

22c. DATE SIGNED

8-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 28-1963

23c. NAME OF CEMETERY OR CREMATORY

Princeton Cemetery

23d. LOCATION (City, town, or county)

Princeton--Missouri

(State)

24. FUNERAL DIRECTOR

Martin & Azbell --Princeton-Mo.,

ADDRESS

25. DATE RECD. BY LOCAL REG.

8-28-63

26. REGISTRAR'S SIGNATURE

Diane Jaur

Lynne Azbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0405
2 0650
3 1
4 0
5 1
6
7 0
8 0
9 420.1
10
11
12 2-0
13 1-0

SEP 6 1963

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lyman Adell

Licensed Embalmer No. 5020

P. O. Address Princeton--Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.